

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-030667

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7991

STATE FILE NUMBER

FILED AUG 15 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

ST. LOUIS, MO.

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

admission)

c. CITY
OR
TOWN

St. Louis

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

ST. LOUIS CITY HDSP. #1.

Inside Limits

Yes ☐ No ☐

d. STREET (If outside, give location)

ADDRESS

2211 Dickson

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

WILLIE

WILLIAMS

4. DATE

OF
DEATH

Month

Day

Year

8

4

63

5. SEX

M.

6. COLOR OR RACE

C.

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6/12/1900 63yrs.

9. AGE (last birthday)

IF UNDER 1 YEAR

Months

Days

Hours

Min.

1

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

nil

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Mississippi

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Harrison Williams

13b. MOTHER'S MAIDEN NAME

Nellie Coleman

14. NAME OF HUSBAND OR WIFE

Mary Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Mary Williams 2211 Dickson

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

Myocardial Infarction
Generalized Arteriosclerosis
4201INTERVAL BETWEEN
ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☒ No☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

20a. ACCIDENT

☐☐

20b. SUICIDE

☐☐☐

20c. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20d. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20e. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20f. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20g. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7-25-63 to 8-4-63

Death occurred at 10:25 A.M.

and last saw her alive on 8-4-63

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J.F. Cooper M.D.

22b. ADDRESS

1515 LAZAYETTE AVE

22c. DATE SIGNED

8-4-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

8/9/63

23c. NAME OF CEMETERY OR CREMATORY

Greenwood Cemetery

23d. LOCATION (City, town, or county)

5700 St. Louis Ave.

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

A.F. Walton

2707 Stoddard

25. DATE RECD. BY LOCAL REG.

AUG 6 1963

26. REGISTRAR'S SIGNATURE

Loan Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

COOPER

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

H. Claude Gordon

Licensed Embalmer No.

3489

P. O. Address

1123 N. Taylor

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.